FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1	(See instructions)	
NAME OF COMMITTEE (in f	(Check if name Example: If typying, type	Office use only 12FE4M5
NEA Fund for (Children and Public Education	
ADDRESS (number and s	treet)	
(Check if address is changed)	Washington	DC 20036
	CITY▲	STATE▲ ZIP CODE ▲
COMMITTEE'S E-MAII	L ADDRESS (Please provide only one e-mail address)	
(Check if address is changed)	jtakacs@nea.org	
COMMITTEE'S WEB F	PAGE ADDRESS (URL)	
(Check if address	N/A	
is changed)		
2. DATE 0 9	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
3. FEC IDENTIFICATION	TION NUMBER C C00003251	
4. IS THIS STATEM	ENT NEW (N) OR X AMENDED (A)	
I certify that I have examin	ned this Statement and to the best of my knowledge and belief it is true, correct an	nd complete
Torra or Dist Name of S	Treasurer Michael McPherson	
Type or Print Name of	reasurer	
Signature of Treasurer	Electronically Filed by Michael McPherson	Date 09 / DD / YYYY
NOTE: Submission of fals	se, erroneous, or incomplete information may subject the person signing this Stat	
Office Use Only	For further information Federal Election Commis Toll Free 800-424-9530	

	FEC F	Form 1 (Revised 02/2009)	Page 2				
5.	TYPE OF COMMITTEE (Check One)						
	Candidate C	Committee:					
	(a)	This committee is a principal campaign committee. (Complete the candidate information below.)					
	(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete t information below.)	he candidate				
	Name of Candidate						
	Candidate Party Affiliati	Office Sought: House Senate President	State District				
	(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.					
	Name of Candidate						
	Party Comm	nittee:					
	(d)	This committee is a (National, State (or subordinate) committee of the	(Democratic, Republican,etc.) Party.				
	Political Act	tion Committee (PAC):					
	(e) X	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	ed organization is a:				
		Corporation Corporation w/o Capital Stock X La	bor Organization				
		Membership Organization Trade Association C	ooperative				
		χ In addition, this committee is a Lobbyist/Registrant PAC.					
	(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregate committee. (i.e., nonconnected committee)	d fund or party				
		In addition, this committee is a Lobbyist/Registrant PAC.					
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)					
_	Joint Fundra	nising Representative:					
	Joint Fundraising Representative: (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.						
	(h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.						
Committees Participating in Joint Fundraiser							
		1 FEC ID number C					
		2. FEC ID number					
		3. FEC ID number					
		EEC ID number C					

Page 3				
or Leadership PAC Sponsor				
<u> </u>				
20036 _				
▲ ZIP CODE ▲				
ve Leadership PAC Sponsor				
Custodian of Records: Identify by name, address, (phone number optional), and position of the person in possession of Committee books and records. Adrienne Calhoun Full Name				
1201 16th Street NW Ste 420				
20036				
A ZIP CODE A				
202 - 822 - 7093				
Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer). Full Name of Treasurer Michael McPherson				
20036				
20036				
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FEC Form 1 (Revise	ed 02/2009)		Page 4		
Full Name of Designated Agent					
Mailing Address					
Title or Position ▼	CITY A	STATE A	ZIP CODE A		
	Teleph	none number			
9. Banks or Other Deposito safety deposit boxes or ma	Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.				
Name of Bank, Depository	Name of Bank, Depository, etc.				
M8	t T Bank				
Mailing Address	25 South Charles St.				
	Baltimore	MD	21201		
	CITY 🗖	STATE △	ZIP CODE 🛕		
Name of Bank, Depository	, etc.				
Mailing Address					

 $\textbf{A.} \hspace{0.2cm} \textbf{Form/Schedule}: \hspace{0.2cm} \textbf{F1A}$

This amendment is filed to disclose new PAC Treasurer, Assistant Treasurer, and Custodian of Records.

Transaction ID:

Banks or Other Depositories: safety deposit boxes or maintains	List all banks or other depositories in which the committee	e deposits funds, ho	lds accounts, rents
Name of Bank, Depository, etc.	, 101.005		[ADDITIONAL]
Mailing Address		1 1 1 1 1	
[
	CITY 🗻	STATE ⊿	ZIP CODE 🛕
Name of Any Connected Orga	nization, Affiliated Committee, Joint Fundraising Repre	sentative, or Leade	[ADDITIONAL] ership PAC Sponsor
Mailing Address	1201 16th Street NW Suite 420		
	Washington	DC L	20036
Relationship:	CITY▲	STATE A	ZIP CODE
Connected Organization	X Affiliated Committee Joint Fundraising Repre	sentative Le	adership PAC Sponsor
Designated Agent			[ADDITIONAL]
Full Name			
Mailing Address			
Title or Position ▼	CITY A	STATE▲	ZIP CODE A
	Telephone	e number	
Joint Fundraiser Participant			[ADDITIONAL]
	FEC	ID number C	